WI-Z Wisconsin income tax Complete form using BLUE or BLACK INK



1998

Your last name		First name and middle initial				You must fill i	You must fill in your social security number		
If a joint return, spouse's last name		First name and middle initial				You must fill i	You must fill in spouse's social security number		
Home address (number and	street)	1				Quick Ref		- A)	
City or post office				State	Zip code	Do you qualify	'? (see page	9 4)	
Filing status (check only one box) Single Married filing joint return (even if only one had income)	Tax district Check proper box and fill in name of city, village, or town, and the county in which you lived at the end of 1998. School district Fill in your school district number (see page 15)	City Village Town	County					Election fund If you want \$1 to go to the State Election Campaign Fund, check box(es). You Your spouse	
Wages earned in III			es, fill in the a			\$		Checking the box(es) will not change your tax or refund.	
1 Income (from lir	ne 4 of federal Form 1040	EZ or line H of	your fede	ral Te	eFile Tax	Record)	1		
2 If your parent (c	or someone else) can clain	n you as a dep	endent, c	heck h	ere		2		
3 Tax (Find tax fo	r amount on line 1 using to	able, page 17.	If you che	ecked	box 2, se	e page 16)	3		
4 School property	tax credit		•						
4a. Rent paid in 1998 – heat included Rent paid in 1998 – heat not included Find credit from table page 9 4a									
Find credit from									
4b. Property taxes paid on home in 1998 table page 10 . 4b 5 Working families tax credit									
6 Married couple (see instructions on reverse side)									
6c. Fill in smaller o	f line 6a or 6b but no more than	\$14,010	x .0	217 = .	6c				
7 Add credits on I	ines 4a, 4b, 5, and 6c						7		
8 Subtract line 7 f	from line 3. If line 7 is large	er than line 3, f	fill in -0 T	Γhis is	your net	tax	8		
9 Sales and use tax due on out-of-state purchases (see page 12)									
10 Endangered Re	esources Donation (decrea	ses refund or	increases	amou	nt owed)	1	0		
11 Add lines 8, 9, a	and 10					1	1		
12 Wisconsin inco	me tax withheld. Attach rea	adable withhol	ding state	ments		,			
	er than line 11, subtract lir								
	er than line 12, subtract lir								
Sign below Under per Your signature	nalties of law, I declare that this return					e and belief. r, BOTH must sign)		Date	
If quick refund claime	Wisconsin Department eP.O. Box 8918, Madisor P.O. Box 38, Madisor P.O. Box 268, Madisor	son, WI 53708-8 ı, WI 53787-000	1		Department	Use Only	P C],	